

COVID-19 FAQ

21. Has CMS waived the requirement to obtain Physician Certification Statements (“PCS”) or Non-Physician Certification Statements (also known as Medical Necessity Certification Statement for Non-Emergency Ambulance Services) for nonemergency transports?

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Answer: No. CMS has not waived the requirement to obtain a PCS or Non-Physician Certification Statement for nonemergency transports. However, CMS has stated, during the COVID-19 PHE, that it will not review an ambulance service’s compliance with nonemergency ambulance signature requirements during medical review absent an indication of fraud or abuse. Please see our article on the guidance from CMS [here](#). We believe the following are the best practices to protect your agency from liability.

- **Scheduled, Repetitive Non-Emergency Transports**
 - For non-emergency, scheduled, repetitive transports, ambulance services should continue to obtain a PCS from the patient’s attending physician certifying that the medical necessity requirements for ambulance transportation are met. The PCS must be in hand prior to the transport and must be dated no earlier than 60 days before the date of the transport. Obtaining a PCS from the patient’s primary care physician might be difficult during this pandemic, as many private physician offices are closed and/or not responsive to paperwork requests. Many patients who require scheduled repetitive services (like dialysis) have multiple physicians that provide care, each of which could be considered an “attending physician.” It is likely there is a nephrologist available at the dialysis center who has knowledge of the patient’s condition who can sign the PCS if the patient’s “typical” primary care provider is not responsive to requests for a new PCS.

- **Unscheduled and Nonrepetitive Non-Emergency Transports**
 - For non-emergency transports that are either unscheduled or that are scheduled but on a nonrepetitive basis, ambulance services should obtain a PCS or Non-Physician Certification Statement from one of the following signers: patient’s attending physician, Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Registered Nurse (RN), Licensed Practical Nurse (LPN), Social Worker, Case Manager, or Discharge Planner.
 - If the ambulance service is unable to obtain the required certification within 21 calendar days following the date of the service, the ambulance service must document its attempts to obtain the requested certification and may then submit the claim.

Acceptable documentation includes a signed return receipt from the U.S. Postal Service or other similar service that evidences that the ambulance service attempted to obtain the required signature from the patient's attending physician or other authorized individual as listed above.

- **Unable to obtain a PCS or Non-Physician Certification Statement.** If your ambulance service cannot obtain a PCS due to the COVID-19 pandemic, we recommend documenting this fact in one – or more – of the following ways. (Remember, if the transport is non-repetitive, it is better to use the 21-day rule, as noted above. But, for a scheduled, repetitive transport, the 21-day rule is not an option, and one or more of the following options could be used if absolutely necessary. Obtaining a PCS is always the better option.):
 - Dispatch Documentation. Since PCS forms in some agencies are obtained by dispatch or call intake staff, sometimes via fax or e-mail, and not at the time of transport, the dispatcher could make a note that a signed PCS could not be obtained despite making efforts to do so. The CMS guidance does not indicate that the inability to obtain a PCS is something that must be documented on a PCS itself, or on a patient care report, and nothing indicates that the transport crew must sign any statement or attestation to that effect. So, we believe that documentation from your dispatch or call intake personnel who normally fulfill the role of obtaining the PCS for your organization would satisfy the CMS guidance.
 - PCR Documentation. The crew handling the non-emergency transport could also document those instances where no PCS was available on the ambulance patient care report (PCR). This would also appear to meet the CMS guidance. A statement such as “no PCS form could be obtained at the time of service” or words to that effect would help meet that purpose.
 - PCS Forms. If an ambulance service wishes, it could use a PCS form for this purpose as well. The ambulance service could indicate the patient's name and transport date on the PCS, and then could simply document that “no authorized PCS signer was available or willing to sign” or words to that effect. We do not recommend that the ambulance service or any members of the ambulance crew fill out any of the clinical or medical necessity-related information on the PCS – only the patient's name and transport date should be completed if a PCS is going to be used for this purpose.

Click [here](#) to download a copy of PWW's Sample Medical Necessity Certification Statement for Non-Emergency Ambulance Services.